Cardiovascular Disease Mortality and Risk Factors

in the Northeast Nebraska Public Health Department Region (including Dakota County)



Northeast Nebraska Public Health Department

Counties: (Cedar, Dixon, Thurston, and Wayne)

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Age-adjusted mortality rates for total CVD, heart disease, and stroke in the Northeast Nebraska Public Health Department region rank second highest out of the 18 local health departments presented in this report (although not statistically different from the statewide rates). Consistent with adults in many Nebraska health departments, females, compared to males in the Northeast Nebraska region are more likely to consume five or more servings of fruits and vegetables daily, 25.7% and 11.5%, respectively. Adults in the Northeast Nebraska region rank highest (out of 18) in diagnosed diabetes at 7.9%, which is significantly higher than the state's average of 5.1%. Furthermore, adults in the Northeast Nebraska region rank highest (out of 18) in obesity at 24.8%, which is significantly higher than the 19.8% for all Nebraska residents.

Regionally specific supplement to:

Cardiovascular Disease Mortality and Risk Factors by Nebraska's Local Public Health Department Regions. Lincoln, NE: Nebraska Health and Human Services System, Department of Health and Human Services, Offices of Disease Prevention and Health Promotion; 2005

Nebraska Cardiovascular Health Program 301 Centennial Mall South, P.O. Box 95044 Lincoln, NE 68509-5044

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Northeast Nebraska Public Health Department

(Including residents covered by the Dakota County Health Department)

Demographic Composition

Counties	Average age	Education	Race / Ethnicity				
Cedar, Dakota, Dixon, Thurston	35.1 years	H.S Grad / GED	79.6%		Number	Percentage	
and Wayne	,	or higher		White, non- Hispanic	42,537	79.9%	
Total population	Median income	Baccalaureate /					
53,229	\$35,544	Graduate degree	15.2%	Minority	10,692	20.1%	
Source: 2000 Census							

Mortality and Risk Factors

N	Mortality Due to Cardiovascular Disease Among Residents in Northeast Nebraska Public Health Department by Gender, 1999-2003											
Cause of Death [%]			Total		Male Female						Relative Risk	
		N ^a	AAR ^b	me ^c	N ^a	AAR^b	me ^c	N ^a	AAR ^b	me ^c	(M:F) ^d	
	Total Cardiovascular Disease	1,019	321.5	19.7	472	401.9	36.3	547	259.8	21.8	1.55 +	
	Heart Disease	764	244.5	17.3	374	316.7	32.1	390	187.6	18.6	1.69 +	
	Sudden Cardiac Death	363	113.9	11.7	161	136.6	21.1	202	91.5	12.6	1.49 +	
	Stroke	216	65.4	8.7	81	70.2	15.3	135	61.9	10.4	1.13	

Source: Nebraska Vital Records

Risk Factors for Cardiovascular Disease Among Adults in Northeast Nebraska Public Health Department by Gender, 1995-2003

CVD Risk Factors	Total			Male			Female			Relative Risk
	ne	W% ^f	me ^c	ne	W% ^f	me ^c	ne	W% ^f	me ^c	(M:F) ^d
Current Cholesterol Screening	418	61.8	5.6	172	58.9	8.4	246	64.8	7.5	0.91
Diagnosed Diabetes	779	7.9 ++	2.2	320	8.4 **	3.1	459	7.4	3.1	1.13
5-a-day Consumption	482	18.7	4.1	196	11.5	4.8	286	25.7	6.3	0.45 -
Diagnosed High Blood Cholesterol	299	27.6	5.8	116	28.2	9.3	183	27.1	7.2	1.04
Diagnosed High Blood Pressure	434	25.6	4.8	178	22.2	7.2	256	29.0	6.3	0.76
No Health Care Coverage, 18-64	554	12.1	3.3	246	10.7	4.3	308	13.7	5.0	0.78
Obese	736	24.8 **	3.6	314	27.5 **	5.4	422	22.0	4.5	1.25
No Leisure Time Physical Activity	655	29.8	4.1	276	32.9 **	6.3	379	26.5	5.1	1.24
⁹ Current Cigarette Smoking	777	20.3	3.3	318	22.2	5.1	459	18.4	4.2	1.21

Source: Nebraska Behavioral Risk Factor Surveillance System

The age-adjusted rate for males is significantly higher than the rate for females (p < 0.05)

 $^{^{++}}$ The percentage is significantly higher (p < 0.05) than all other Nebraska HDs

The percentage is significantly lower (p < 0.05) than all other Nebraska HDs

^{*} The lower bound of the 95% confidence interval for the risk ratio is greater than 1.0

The upper bound of the 95% confidence interval for the risk ratio is less than 1.0

[%] Specific ICD-10 Cause of Death Codes may be found in the Methodology Section of this Report

 $^{^{\}it a}$ Documented number of deaths from each cause between 1999 and 2003

b Average annual age-adjusted rate per 100,000 population (2000 U.S. standard population)

c Margin of error (me) at 95% confidence, interpreted as plus/minus the relevant age-adjusted rate or weighted percentage

 $^{^{\}it d}$ Relative Risk is the male to female rate ratio (for mortality) and percentage ratio (for risk factors)

e Non-weighted sample size for each risk factor

 $^{{\}it f} \ \ {\sf Percentage \ weighted \ by \ gender \ and \ age \ to \ reflect \ Nebraska's \ population \ (using \ CDC's \ BRFSS \ weighting \ methodology)}$

¹ Percentage of adults reporting that they had their cholesterol checked within the 5 years preceding the survey

² Percentage of adults reporting that they have ever been told by a doctor, nurse, or health professional that they have diabetes (excluding gestational diabetes)

 $^{^{3}}$ Percentage of adults reporting that they consume 5 or more daily servings of fruits and vegetables

Percentage of adults reporting that they have ever been told by a doctor , nurse, or health professional that their blood cholesterol is high, among those that have ever had it checked

⁵ Percentage of adults reporting that they have ever been told by a doctor, nurse, or other health professional that their blood pressure is high

⁶ Percentage of adults, 18-64, reporting that they do not have any kind of health care coverage, including health insurance, prepaid plans such as HMO, or governmental plans

⁷ Percentage of adults body mass index value of 30 or greater (based on self-reported height and weight)

⁸ Percentage of adults reporting that, other than their regular job, they did not participate in any physical activities or exercises during the 30 days preceding the survey

Percentage of adults that have smoked at least 100 cigarettes during their lifetime and currently smoke cigarettes every day or on some days